SILETIM NO. REG. DIST. NO. R		1 1950	THE DIVISION OF HEALTH OF MISSOURI			38564
1. PLACE OF DEATH 8. COUNTY 8. COUNTY 1.	PILEU DE C	T 1378	STANDARD CERTIF	-ICATE OF DEA	TH State	File No
a. COUNTY D. CITY (If outside corporate limits, write RURAL and give township) TOWN STOWN			REG. DIST. NO. EOO	<u> </u>		
OF TOWN STOWN		лтн 	** * "*	a. STATE	ENCE (Where deceased it b, COU	ved. If institution: residence befo JNTY admission
d. FULL NAME OF (If not is begotal or insultation, circ extrees address or location) HOSPITAL OR: JEWISTATION JEWISTATI	OR 🚄	rporate limits, write RUR	township) STor (in this place	III _OR	n , .	2069
DECEASED Type or Print) Type or Print) Type or Print) Type or Print) S. SEX O. 6. COLOR/ORFACE MIDOWED Type or Print) Type or Print) Type or Print) Type or Print) S. SEX O. 6. COLOR/ORFACE MIDOWED Type or Print) Type or Ty	HOSPITAL OR	· •			Court days	(VA
Magnetic	DECEASED		b. (Middle)		C C OF	(
ADDRETTY AULTON 3a. FATHER'S NAME 13b. MOTHER'S MADEN NAME 15. WASPDECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH Enter only one obuse per ine for (n), (b), and (c) 27. This does not mean the mode of dying, such the fill such existence is to the above course (a) stating- tion which caused death. 18. OATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY TUBLE (Beedly) 21b. PLACE OF INJURY (e.g., in or about NO. 21c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT NO. 21d. ACCIDENT NO. 21d. How bill in the state of the death but not related to the disease or condition coursing death. 21d. ACCIDENT NO. 21d. ACCIDENT NO. 21d. (Beedly) 21d. (COUNTY) 21d. ACCIDENT NO. 21d. (COUNTY) 21d. ACCIDENT NO. 21d. (COUNTY) 21d. ACCIDENT NO. 21d. THEE (Meenth) (Day) (Year) (Elous) 21d. (NJURY OCCURRED NJURY 22d. LOGATION (CIES) AND WHILE AT NO. 22d. LOGATION (CIES) AND WHILE AT NO. 22d. LOGATION (CIES) AND WHILE NATION AT WORK (CIES) AND WHILE NATION AND OF CEMETRY (CIES) AND WHILE NO. AND RESEARCH AND O AND RESEARCH AND OCCURRED NJURY AND WHILE NATION AND OCCURRED NJURY AND WHILE NATION AND OCCURRED NJURY 22d. LOGATION (CIES) AND OCCURRED NJURY AND WHILE NATION AND OCCURRED NJURY	5. SEX ale 6.	COLOR OR RACE 7	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8posity)	8. DATE OF BIRTH 2 5 / 4	9. AGE (In year last birthday)	Months Days Hours Min.
5. WASDECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRE (Yes. and. fundament) (III yes. ever war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS (SCIENTIFICATION OF This does not mean the mode of dying, such in the to the above cause (a) stating. The underlying cause last. 4c. It means the discovery of the underlying cause last. 5. II. MEAN AND FINDINGS OF OPERATION DUE TO (b) The Significant Conditions on which caused death. 9a. DATE OF OPERATION SIGNIFICANT CONDITION OF Plated to the disease or condition causing death. 11. ACCIDENT SUICIDE (Boestly) 21b. PLACE OF INJURY (e.g., in or about of OF INJURY (e.g., in or						12. CITIZEN OF WHA
Yes. ad. punknown) (If yes., sive was or dates of service) NO.	3a. FATHER'S NAME	· ·	13b. MOTHER'S MALDEN	NAME	14. NAME OF HUSBAN	D OR WIFE
MEDICAL CERTIFICATION Interval beta Inter				11.0/11.		/N
Morbid conditions, if any, gloing DUE TO (b) in heart fallure, authenta, it is the above cause (a) stating. the underlying cause inst. DUE TO (c) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 11de (Mosth) (Day) (Year) (Bootly) 21b. PLACE OF INJURY (c.g., in or about booms, farm, factory, street, office bidg., etc.) OF OF OPERATION 21f. HOW DID INJURY COCCUR? 22f. Logarion, from the causes and on the date stated above. 22g. DATE SIGNIFICATE 22f. Logarion of the conception of the causes and on the date stated above. 22g. DATE SIGNIFICATE 22f. Logarion of the conception of the concept	Enter only one cause per	I. DISEASE OR CONI DIRECTLY LEADING	DITION P		L SARCO	INTERVAL BETWEEN
DUE TO (c) DUE TO (CITY, TOWN, OR TOWNSHIP) DUE TO (CITY, TOWN, OR TOW	*This does not mean					
DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS 12. DATE OF OPERATION 13. DATE OF OPERATION 14. ACCIDENT SUICIDE 15. PLACEOF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) 16. TIME (Month) (Day) (Year) (Hour) Double of the deceased from Work At Work 17. Town of the causes and on the date stated above. 18. ACCIDENT SUICIDE 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES A COUNTY) (STATE HOWICIDE) 21. TIME (Month) (Day) (Year) (Hour) Display OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from AT WORK 23. SIGNATURE (Degree or title) Display OCCURRED County OCCURRED COUN	as heart fallure, asthenia;	Morbid conditions, if rise to the above cause the underlying cause	fany, giving DUE TO (b)e e (a) stating- last.	to a state of the state of	·	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., inor about home, farm, factory, street, office bidgs, etc.) HOMICIDE HOMICIDE 10c. (Month) 10c. (Month) 10c. (Month) 10c. (Month) 10c. (Month) 10c. (Hour) 10c. (How DID INJURY OCCUR? 21c. (CITY, TOWN, OR TOWNSHIP) 10c. (COUNTY) 10c. (COUNTY) 10c. (STATE) 10c. (How DID INJURY OCCUR? 10c. (How DID INJU		Conditions contribution	ANT CONDITIONS ng to the death but not			
21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 21d. Hereby certify that I attended the deceased from work 1950, to //23, 1950, that I last saw the deceased alive on //23, 1950, and that death occurred at /2:30 Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty) (SIATE OF CEMETERY OR CREMATORY 24d. LOGATION (Olds, town, optounty)	9a. DATE OF OPERA-	·				20. AUTOPSY7
21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. How Did Inj	Zia. ACCIDENT SUICIDE	(Specify) 21b	p. PLACE OF INJURY (e.g., in or about m, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (CC	 -
22: I hereby certify that I attended the deceased from	21d. TIME (Month)		WHILEAT TO NOT WHILE TO	21f. HOW DID INJURY	• • • • • • • • • • • • • • • • • • • •	151%
CALL DATE SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Cits, town, opcounty), (School of the control of the cont	2. I hereby certify	that I attended the	deceased from 6/1		1/23 , 1950,	that I last saw the decease
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE STUNERAL DIRECTOR'S SIGNATURE ADDRESS.		A			Enjaligh	23c. DATE SIGNED
REG NO A LESSEL	TION/REMOVAL (Browlin	2 11 14 23	24c. NAME OF CEMETER	W. harth !	annuit let	wn, or county) Mu (State)
			NACES	STUNERAL DIRECT	ron's signature (S Mul person

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	on the reverse side of	this certificate wa	as embalmed by me, or	by
***************************************	••••••••••••••••••••••••••••••••••••••	, Student (Embalaer No	***************************************
working under my personal supervision.		7	(M)	Lan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.